

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70385	
O.I.P.E. CLASSIFIER	M-TV	51	1/25/97
FORMALITY REVIEW		100000	2-5-89

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 / (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date		
Final	Original	Original	Original
1	/	11	3
2	/	2	11
3	/	0	11
4	/	0	11
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	0	0	0
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
22	✓	✓	✓
23	✓	✓	✓
24	0	0	0
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
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Claim	Date		
Final	Original	Original	Original
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If more than 150 claims or 10 actions
staple additional sheet here